Mysri Manually 1415407 Signed

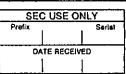
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Num		3235-0076			
Expires:	Apr	il 30,2008			
Expires: April 30,2008 Estimated average burden					
hours per response16.00					



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Granville Equity Partners, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE SECTION RECEIVED
Type of Filing: New Filing Amendment	CONED [S]
A. BASIC IDENTIFICATION DATA	12 0011
1. Enter the information requested about the issuer	医、 45 2007
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	Ka)
Granville Equity Partners, L.P.	186 CTON
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Apa Code)
1750 Wachovia Bldg., 300 N. Greene St., Greensboro, NC 27401	336-273-8544
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business A private investment partnership that pursues a diversified program of investments in invest open-end investment companies and other investment vehicles that invest or trade in a wide	ment partnerships, managed funds, registered avariety of equity-based strategies.
Type of Business Organization  corporation business trust limited partnership, already formed other (g	olease specify): PROCESSED
Month Year	PHUCESSED
Actual or Estimated Date of Incorporation or Organization: 0	
GENERAL INSTRUCTIONS	THOMSON
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D- 77d(6).	<b>FINANCIAL</b> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filling Fee: There is no federal filling fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for SULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

		A BASICIDA	NEURICATION DATAS & TOTAL	
2. Enter the information rec				
		uer has been organized wi		
			ect the vote or disposition of, 10% or more	
<ul> <li>Each executive offi</li> </ul>	cer and director of	corporate issuers and of o	corporate general and managing partners o	f partnership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner of	partnership issuers.		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if Granville Capital, Inc.	findividual)			***************************************
Business or Residence Addres 1750 Wachovia Bldg., 30	ss (Number and : 0 N. Greene Str	Street, City, State, Zip Co eet, Greensboro, NC 2	<sup>de)</sup> 17401	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, it Hassenfelt, Stephen C.	f individual)		of Granville Capital, Inc.	
Business or Residence Addres	ss (Number and N. Greene Stre	Street, City, State, Zip Coet, Greensboro, NC 2	de) 7401	Andread de State
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Director	General and/or Managing Partner
			of Granville Capital, Inc.	
Full Name (Last name first, it King, R. Ruffin	f individual)			
Business or Residence Addre 1750 Wachovia Bldg., 300	ss (Number and D N. Greene Stre	Street, City, State, Zip Co eet, Greensboro, NC 2	ode) 7401	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer ☐ Director of Granville Capital, Inc.	General and/or Managing Partner
Full Name (Last name first, i Landry, Pearce A.	f individual)		of Granville Capital, Inc.	
Business or Residence Addres 1750 Wachovia Bldg., 30	ss (Number and 00 N. Greene St	Street, City, State, Zip Coreet, Greensboro, NC	ode) 27401	
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, i Cole, Sue W.	f individual)		of Granville Capital, Inc.	
Business or Residence Addre 1750 Wachovia Bldg., 30	SS (Number and 00 N. Greene Str	Street, City, State, Zip Coreet, Greensboro, NC 2	ode) 27401	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)			
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)	
	(Use bla	ink sheet, or copy and use	additional copies of this sheet, as necessar	иу)

					B. II	RORMATI	ON ABOUT	OFFERI	G.	2.34		1900	
1.	Has the i	sener sold	or does th	e issuer in	 tend to sel	l, to non-ac	credited in	vestors in	this offerin	1g?		Yes	No <b>⊠</b>
••	Tidd the i		, 0. 2000									_	_
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?*  *Subject to the discretion of the General Partner to accept lesser amounts.					s_1,00	00,000.00						
												Yes	No
3,						le unit?							
4.	ommiss If a perso or states, a broker	tion or simi on to be list , list the na or dealer,	lar remuner ed is an ass me of the br you may se	ration for se ociated per roker or de et forth the	olicitation rson or age aler. If mo	ho has been of purchase nt of a broke tre than five on for that	rs in conne er or deale: (5) person	ction with: registered s to be liste	sales of sec with the Si d are assoc	urities in th EC and/or v	ie offering. with a state		<u>.</u>
Ful	l Name (L	ast name i	īrst, if indi	vidual)									
Bu	siness or I	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta						to Solicit F					·····		
	(Check	'All States	" or check	individual	States)	-201,04014171717171		.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************		States
	AL	AK	AZ	AR	CA	CO	CT	DE	(DC)	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA
	RI	[30]	(30)	111	LIAI	ريد.	لننت	لننت	<u> </u>				
Fu	Il Name (I	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address ()	Number an	d Street, C	city, State, 2	Lip Code)						
Na	me of Ass	ocialed Br	oker or De	aler							, 1 111		
Sta	ates in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	or check	individual	States)		•,•••••••••••				.,	☐ A1	l States
-	ĀĹ	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NY	NH)	NJ	NM)	NY VT	NC VA	ND WA	OH WV	OKJ WI)	OR WY	(PA)
	RI	SC	SD)	<u>IN</u>	[TX]	(UT)	VT]	<u>(YA)</u>	[WAJ				
Fu	II Name (	Last name	first, if ind	iviaua!)						•			
Βι	isiness or	Residence	Address (1	Number an	d Street, (	City, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler						-			
Sta	ates in Wh	ich Persor	Listed Ha	s Solicited	or Intend	to Solicit	Purchasers				·, ·		<u>, , , , , , , , , , , , , , , , , , , </u>
	(Check	"All State:	s" or check	individual	States)	***************		************		•••••••		Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	TL.	IN	IA	(KS)	KY	LA	ME	MD	MA	MI OH	MN OK	MS OR	MQ PA
	MT RI	NE SC	NV)	HZ MT	NJ TX	NM UT	<u>NY)</u> [VT]	NC) (VA)	ND WA	WV	WI	WY	PR

## C: OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS.

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box _ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amount Already Sold \$ 0.00	
	Debt	0.00		
	Equity	0.00	\$ 0.00	
	Common Preferred		0.00	
	Convertible Securities (including warrants)	, 150 000 000 0	~	
	Partnership Interests		\$	
	Other (Specify)	150.000.000.00	\$ 69.513.388.00	
	Answer also in Appendix, Column 3, If filing under ULOE.	)	\$ 00,010,000.00	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate	
		Number Investors	Dollar Amount of Purchases	
	Accredited Investors	15	\$ 69,513,388.00	
	Non-accredited Investors		\$	
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of	Dollar Amount	
	Type of Offering	Security	Sold	
	Rule 505		2	
	Regulation A		\$	
	Rule 504		\$	
•	Total		\$_0.00	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$ <u> </u>	
	Printing and Engraving Costs	<b>Z</b>	\$*	
	Legal Fees		\$_15,000.00	
	Accounting Fees		\$ <u> </u>	
	Engineering Fees		\$0	
	Sales Commissions (specify finders' fees separately)	<del>-</del>	s <u> </u>	
	Other Expenses (identify)		s*	
	Total		\$ 15,000.00	
	*Offering expenses paid by General Partner.	_		

	and the transfer to			
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part of	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers.	
			Directors, & Affiliates	Payments to Others
	Salaries and fees		s 1,500,000.(	\$ 85,000.00
	Purchase of real estate			
	Purchase, rental or leasing and installation of mach			
	and equipment			□ s
	Construction or leasing of plant buildings and facil			
	Acquisition of other businesses (including the valu	e of securities involved in this		
	issuer pursuant to a merger)			
	Repayment of indebtedness			
	Working capital		□ \$	S
	Other (specify): Investments in investment pa		□ \$	S 148,400,000.
	funds and other investment v			
			□ \$	
	Column Totals		**	
	Total Payments Listed (column totals added)		\$14	9,985,000.00
變		D. FEDERAU SIGNATURE		
( P)				
sie	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furn	nish to the U.S. Securities and Exchange Commis	ssion, upon writte	le 505, the following n request of its staff,
the	information furnished by the issuer to any non-accr	edited investor pursuant to paragraph (b)(2) of	Rule 502.	
lss	uer (Print or Type)		Date	
G	anville Equity Partners, L.P.	Xtephe Havarifeet	October 1, 200	7
Nε	me of Signer (Print or Type)	Title of Signer (Print or Type)		·
	phen C. Hassenfelt	Chairman and Chief Executive Officer of Gra	nville Capital, Inc	

\*General Partner receives quarterly fee of .25% of capital accounts of Limited Partners (1% per annum) in addition to its allocation of net profits and losses, which includes, on an annual basis, 5% of net realized and unrealized appreciation (subject to a loss restoration provision).

 $\mathbb{END}$ 

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)